SENDER: COMPLETE THIS SECTION - CSC.	COMPLETE THIS SECTION ON DEDVERY 2006 Page 1 of 1
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X
PACTIV Corporation c/o The Corporation Company	If YES, enter delivery address below: A:04CV680 2+C 20
2000 Interstate Park Drive, St. 204 Montgomery, AL 36109	3. Service Type Griffied Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7000 0520 0016 7.839 1.849	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540